



Human Services Committee Public Hearing, February 7, 2023

Testimony of AARP Connecticut in SUPPORT of:

**SB 946, *An Act Concerning the Connecticut Home-Care Program for the Elderly* and
SB 947, *An Act Increasing the Minimum Amount of Resources a Community Spouse of an
Institutionalized Medicaid Recipients May Retain***

Good morning, Senator Lesser, Representative Gilchrest, Ranking Members, and Distinguished Members of the Human Services Committee. Thank you for the opportunity to discuss AARP Connecticut's support for SB 946, *An Act Concerning the Connecticut Home-Care Program for the Elderly* and SB 947, *An Act Increasing the Minimum Amount of Resources a Community Spouse of an Institutionalized Medicaid Recipients May Retain*.

SB 946, *An Act Concerning the Connecticut Home-Care Program for the Elderly*

The Connecticut Home Care Program for Elders (CHCPE) provides a wide range of health and non-medical homemaker services to older adults who want to live at home but are at risk of institutionalization. The program serves approximately 16,000 adults throughout the state each year and provides services such as adult day programming, homemaker services, home delivered meals, personal care assistance, and other assistance that helps older adults live safely at home.¹

An overwhelming majority of older Connecticut residents (81%) say that home is their preferred long-term care setting.² While programs like CHCPE are critical for helping older adults and people with disabilities live safely at home, unpaid family caregivers are the true backbone of long-term care provided in the community. There are more than 460,000 family caregivers in Connecticut,³ and they provide increasingly complex care to their loved ones at home, sometimes for years at a time, and often with some degree of financial impact.⁴

SB 946 would allow family caregivers, including spouses, to receive compensation for personal care assistance provided to a loved one who participates in CHCPE. A recent report from AARP's Public Policy Institute, *Paying Family Caregivers to Provide Care during the Pandemic – and Beyond*, provides an excellent summary of how this approach can benefit caregivers and care recipients as well as state budgets:

“Expanding opportunities for paid family caregivers can help states ensure they have adequate caregiving resources to meet rising demand. The demands of family caregiving are often so great that the time required for caregiving often precludes caregivers’ ability to maintain other employment. Without receiving monetary compensation for services provided, family caregiving is far less sustainable over the long term. In addition, paying family caregivers not only expands the pool of available caregivers but also frees up more of the

¹ <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Reports/Annual-Reports/DSS-Annual-Report-SFY-2021.pdf>

² <https://doi.org/10.26419/res.00351.102>

³ <https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf>

⁴ <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

limited professional direct care workforce to provide services to those for whom family caregiving is not an option... By paying family caregivers through self-direction, the need to maintain other employment is mitigated, which will help expand access to [home and community-based services] for older people and people with physical disabilities. Expanded access to HCBS is a successful outcome both for people who need LTSS and for taxpayers. The vast majority of adults ages 50 and older would rather live at home as they age than live in a nursing home, and nursing home care is far costlier on average than is self-directed HCBS serving Medicaid 1915(c) waiver program recipients who require an institutional level of care.”⁵

The full report is available at: <https://doi.org/10.26419/ppi.00127.001>. The report also includes a state-by-state analysis of family caregiving restrictions in Medicaid and VA self-directed programs. Other states have successfully allowed caregivers to provide paid care to their loved ones, and SB 946 would allow Connecticut to do the same.

SB 947, An Act Increasing the Minimum Amount of Resources a Community Spouse of an Institutionalized Medicaid Recipients May Retain

When a married individual moves into a nursing home, the spouse who remains at home (the “community spouse”) must “spend down” their assets to a set amount before the institutionalized spouse can become eligible for Medicaid. When this “spend down” happens, the community spouse loses his/her personal rainy-day fund and is not as well equipped to address any future needs that may arise. Allowing community spouses to keep more of these assets would provide them with the financial cushion they need to take care of themselves in the community and plan for their own future care needs. In Connecticut, more than one in seven nursing home residents are under the age of 65⁶, and their community spouses may continue living in the community for several decades.

Under current law, the community spouse resource allowance (CSRA) offers couples with greater assets better long-term protection than couples with lower incomes. If a couple has assets in excess of \$300,000, for example, the community spouse would be able to keep the maximum federal community spouse resource allowance of \$148,620. A couple with \$70,000 in shared resources, however, would only be allowed to keep \$50,000 (Connecticut’s minimum CSRA), even though the total shared resources are below the allowable federal maximum.

Increasing the minimum amount of assets that the community spouse can keep from \$50,000 to \$60,000 would significantly improve the quality of life for lower and middle-income community spouses. Community spouses need to support themselves in the community, sometimes for many years, and providing them with this additional financial cushion would help ensure that they can take care of themselves and continue to live safely in the community.

Thank you for your consideration. We hope you will join us in supporting SB 496 and SB 497.

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⁵ <https://www.aarp.org/content/dam/aarp/ppi/2021/02/ltss-choices-paying-family-caregivers-to-provide-care-during-the-pandemic-and-beyond.pdf>

⁶ <https://portal.ct.gov/-/media/OPM/NF-Fact-Sheet-2019.pdf>